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Marjorie S. Sciaritti <i>Marjorie Sciaritti</i> 05/23/2005	(Depositor's name) (Signature) (Date)
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10/7/05, 2005 11/17/03

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/7/05, 2005 11/17/2003 Juan C. Lasheras 084002 4834

TITLE OF INVENTION:

METHOD AND APPARATUS FOR REGULATING PATIENT TEMPERATURE BY IRRIGATING THE BLADDER WITH A FLUID

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	05/23/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
GIBSON, ROY DEAN	3739	807-105000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) enclosed.
 "Fee Address" indication (or "Fee Address" indication form PTO/SB/47, Rev. 03-02 or more recent) enclosed. Use of a Customer Number is required.
2. For printing on the patent front page, list (1) the name of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
1 Mark D. Wietzorek, Esq.
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

INNERCOOL THERAPIES, INC.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

SAN DIEGO, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1047 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Mark D. Wietzorek

Date 05/23/2005

Typed or printed name Mark D. Wietzorek

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251 North Avenue West, 2nd Floor
Westfield, New Jersey 07090
Tel.: (908) 518-7700
Fax: (908) 518-7795

Mayer Fortkort & Williams, PC
Attorneys At Law

Fax

To: Office of Patent Publication **From:** Marjorie Scariati

Fax: 703-746-4000 **Pages:** 2

Phone: **Date:** 05/23/2005

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